



DOCKETED CU-1108

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

☒ In re application of*: Michael Stuart GARDNER
Serial No.: 08/185,994 Group No.:
Filed: January 31, 1994 Examiner:
For*: EAR TAG APPLICATOR

☐ Patent No.: Issued:

*NOTE: Insert name(s) of inventor(s) and title also for patent. Where statement is with respect to a maintenance fee payment also insert application serial number and filing date and add Box M. Fee to address.

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(c-f) and 1.27(b-d))

With respect to the invention described in

- ☐ the specification filed herewith.
☒ application serial no. 08/185,994, filed January 31, 1994
☐ patent no. _____, issued _____

I. IDENTIFICATION OF DECLARANT AND RIGHTS AS A SMALL ENTITY

I hereby declare that I am

(complete either (a), (b), (c) or (d) below):

(a) Independent Inventor

- ☐ a below named independent inventor and that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code to the Patent and Trademark Office.

(b) Non-inventor Supporting a Claim By Another

- ☐ making this verified statement to support a claim by

_____ for a small entity status for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code and I hereby declare that I would qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under 41(a) and (b) of Title 35, United States Code, if I had made the above identified invention.

(c) Small Business Concern

- ☐ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN NEW ZEE INTERNATIONAL

ADDRESS OF CONCERN _____

_____ and
that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of the Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500

persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

(d) Non-Profit Organization

- ☐ an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

TYPE OR ORGANIZATION

- ☐ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
- ☐ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c) (3))
- ☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)
- ☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c) (3)) IF LOCATED IN THE UNITED STATES OF AMERICA
- ☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)

and that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code.

II. OWNERSHIP OF INVENTION BY DECLARANT

I hereby declare that rights under contract or law remain with and/or have been conveyed to the above identified

- | | | |
|---------------------------------|---|---------------------------------------|
| <input type="checkbox"/> person | <input checked="" type="checkbox"/> concern | <input type="checkbox"/> organization |
| (item (a) or (b) above) | (item (c) above) | (item (d) above) |

EXCEPT, that if the rights held are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held (1) by any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, (2) any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or (3) a non-profit organization under 37 CFR 1.9(e).

- ☐ no such person, concern, or organization
- ☒ person, concerns or organizations listed below*

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27).

FULL NAME MICHAEL HOWARD HAWKINS
ADDRESS 70 Rosecamp Road, Beach Haven, Auckland, New Zealand

☒ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME MICHAEL STUART GARDNER
ADDRESS 108 Waiatarua Road, Remuera, Auckland, New Zealand

☒ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

III. ACKNOWLEDGEMENT OF DUTY TO NOTIFY PTO OF STATUS CHANGE

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

IV. DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

V. SIGNATURES

(complete only (e) or (f) below)

(e)

NOTE: All inventors must sign the verified statement

Name of Inventor

Date

Signature of Inventor

Name of Inventor

Date

Signature of Inventor

Name of Inventor

Date

Signature of Inventor

add lines for any additional inventors who must sign

OR

(f)

NOTE: The title of the person signing on behalf of a concern or non-profit organization should be specified.

NAME OF PERSON SIGNING MICHAEL STUART GARDNER

TITLE OF PERSON Director

(if signing on behalf of a concern or non-profit organization)

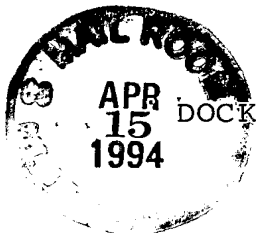
ADDRESS OF PERSON SIGNING 108 Waiatarua Road, Remuera,
Auckland, New Zealand

SIGNATURE

X MStGardner

DATE

X 30th March 1994



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☒ In re application of*: Michael Stuart GARDNER

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Examiner:

For*: EAR TAG APPLICATOR

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☐ an official of the small business concern empowered to act on behalf of the concern identified below:

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ADDRESS OF CONCERN _____

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(e)

NOTE: All inventors must sign the verified statement

Michael Stuart Gardner

Name of inventor

MStGardner
Signature of inventor

Date

30th MARCH 1994

Name of inventor

Signature of inventor

Date

Name of inventor

Signature of inventor

Date

add lines for any additional inventors who must sign

OR

(f)

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NAME OF PERSON SIGNING _____

TITLE OF PERSON _____

(if signing on behalf of a concern or non-profit organization)

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Michael Stuart Gardner

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(Small Entity Verified Statement (37 CFR 1.9(c-f) and 1.27(b-d) [7-10]—page 2 of 4)

FULL NAME NEW ZEE INTERNATIONAL
ADDRESS _____

☐ INDIVIDUAL ☒ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION
FULL NAME Michael Stuart GARDNER
ADDRESS _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

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V. SIGNATURES

(complete only (e) or (f) below)

(e)

NOTE: All inventors must sign the verified statement

_____ Name of Inventor	_____ Date
_____ Signature of Inventor	
_____ Name of Inventor	_____ Date
_____ Signature of Inventor	
_____ Name of Inventor	_____ Date
_____ Signature of Inventor	

add lines for any additional inventors who must sign

OR

(f)

NOTE: The title of the person signing on behalf of a concern or non-profit organization should be specified.

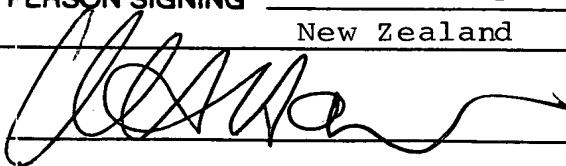
NAME OF PERSON SIGNING Michael Howard Hawkins

TITLE OF PERSON _____

(if signing on behalf of a concern or non-profit organization)

ADDRESS OF PERSON SIGNING 70 Rosecamp Road, Auckland,
New Zealand

SIGNATURE



DATE _____